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Acute Care Utilization Review Unit

Introduction for Managed Care Organizations

Questions we will answer

- What is the ACUR Unit?
- Why acute care?
- What will we review?
- When is the first review?
- Where do we go from here?



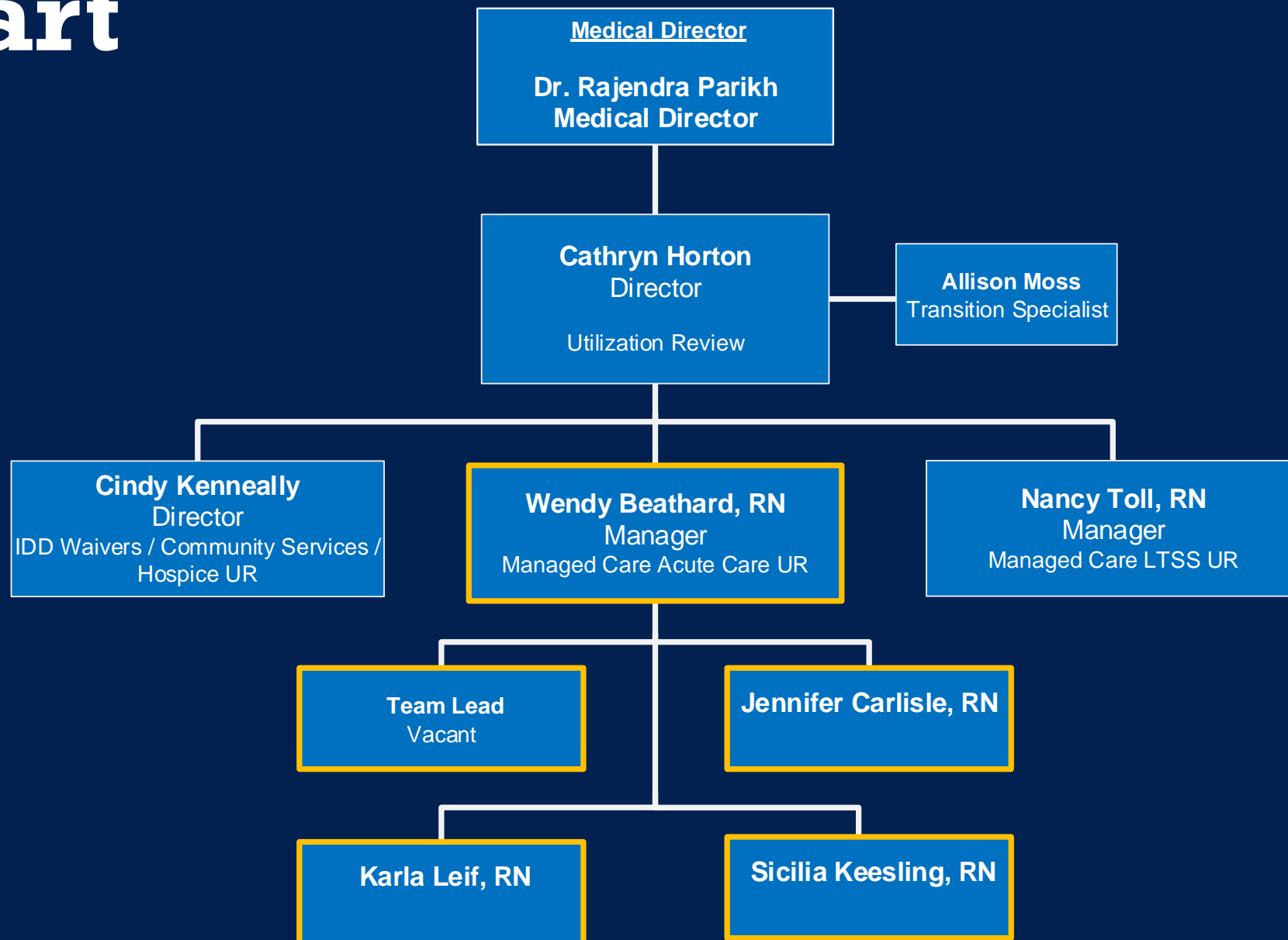
What is the ACUR Unit?

Acute Care Utilization Review Unit

- Mandated by Senate Bill (SB) 8 from the 83rd Texas Legislative Session, 2013
- Office of Medical Director
- Established in 2016



Organizational Chart



Why Acute Care?

Authority

- Texas Government Code, § 531.076 (B)
- 42 Code of Federal Regulations (CFR) § 438.66 (b), *et seq.*



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Why Acute Care?

ACUR Mandate

- Responsible for monitoring Medicaid managed care organizations (MCO) to ensure they are using prior authorization and utilization review processes to reduce authorization of unnecessary or inappropriate services.
- Ensure that Medicaid MCOs are not underutilizing acute care services or denying necessary and appropriate services.



What will we review?

Policies and Procedures

- Are the utilization management policies and procedures in compliance with the following the requirements of applicable:
 - HHSC managed care contracts
 - Uniform Managed Care Manual (UMCM)
 - State and federal rules and regulations and legal agreements?
- Are the policies and procedures being followed?



What will we review?

Data and Prior Authorizations

- Ensure the approval of medically necessary, Medicaid-covered services to eligible members
- Identify risk of underutilization
- Ensure the effectiveness and efficiency of the MCO's UR processes and determinations



When is the first review?

Informational Review

- A limited informational review is planned for the first quarter of fiscal year 2018.
- The review will be limited:
 - SDA
 - Product line



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Where do we go from here?

Announcement

- Introductory letter
 - Authority
 - Contact information
 - Future Plans



Where do we go from here?

MCO Input

- Questionnaire
- Workgroup
- Follow-up



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Questions

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Break

Stay tuned for the STAR Kids presentation



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Utilization Review for Long-Term Services and Supports

**Overview for STAR Kids
Managed Care Organizations**

Utilization Review Overview

- Utilization Review (UR) is a unit within HHSC established in 2013 by legislative mandate for oversight of STAR+PLUS Medicaid managed care
- UR assessed the procedures Managed Care Organizations (MCOs) used for determining whether individuals should be enrolled in the STAR+PLUS Home and Community-Based Services (HCBS) program, as well as the conduct of the related assessments
- HHSC directed expansion of UR activities to other managed care products which include long-term services and supports (LTSS)



Utilization Review's Mission Statement

The mission of the Utilization Review (UR) team is to perform policy-driven reviews of Texas Medicaid Managed Care Organizations' (MCOs') operations to ensure members receive appropriate services.



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LTSS Utilization Review's Goals

- Provide valid responses to clinical consultancy requests from internal HHSC divisions, and external entities such as the Texas Legislature
- Complete a thorough and consistent review of each MCO's conduct of assessments and related records
- Make informed recommendations for revisions to policies and contract language
- Promote contract and handbook compliance
- Improve each waiver service delivery model
- Educate and inform MCOs



What does LTSS Utilization Review do?

- Reviews typically include analysis of member assessments and service plans, plus home visits with sample members
- Provides clinical consultancy on services for transition cases, high needs members, and member complaint or MCO complaint investigations
- Works closely with the Health Plan Management (HPM) section regarding complaints and referrals concerning member health and safety issues/complaints initiated by UR or other entities



What does LTSS Utilization Review do? (con't)

- Provides technical assistance/training to MCOs
- Provides annual reporting and ad hoc reporting on reviews
- Analyzes, interprets, and implements related legislation, as required



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STAR Kids Utilization Review DRAFT Record Request Form

SK-2100
Version 3/07/2017

I. UR Use Only

1. Sample ID	2. MCO Name	3. SDA	
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II. Member and Service Coordinator (SC) Information

1. Member Name		2. Member Phone Number(s)	
		a.	b.
3. Member Representative Name (if applicable)		4. Member Representative Phone Number(s)	
		a.	b.
5. Street Address	6. City	7. Zip Code	8. Initial Date
9. Medicaid ID	10. Medicare <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Private Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Type Program <input type="checkbox"/> MAO <input type="checkbox"/> SSI
		13. DNR Status <input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Current SC Name and Credentials		15. SC Phone Number(s) (a. office, b. mobile)	
		a.	b.
16. Current SC Supervisor Name and Credentials		17. Supervisor Phone Number(s) (a. office, b. mobile)	
		a.	b.

III. Service Information

1. Service	2. Hours per Week	3. Assessment Type <input type="checkbox"/> Initial <input type="checkbox"/> Annual
a. <input type="checkbox"/> PCS/CFC-PAS		4. Date H3676 received by MCO (Initial only)
b. <input type="checkbox"/> CFC HAB		5. Date H2065-DSK received by MCO (Initial only)
c. <input type="checkbox"/> CFC ERS		6. Date initial/annual 2603 was submitted in TMHP LTC portal
d. <input type="checkbox"/> PDN		7. 2604 ISP Start Date
e. <input type="checkbox"/> PPECC		8. Current 2604 ISP Start Date
f. <input type="checkbox"/> DAHS		9. List the last ISP revision date/service item since ISP Start Date
g. <input type="checkbox"/> SHARS		
h. <input type="checkbox"/> Home Health		
i. <input type="checkbox"/> Mental Health		
j. <input type="checkbox"/> Hospice		

IV. Required Forms and Other Documentation

1. Please provide the following forms and documentation	Initial/Annual	Revision	Not Provided
a. 2603 SK ISP Narrative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 2604 SK ISP Service Tracking Tool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Form 1585 (COS only)	<input type="checkbox"/>	Not Applicable	Not Provided
d. Form 2601 Physician Certification (Initial only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reduction/denial/limited authorization notices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Case notes from initial or annual date to present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. F00120 Nursing Addendum to Plan of Care for PDN and/or PPECC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. SK-SAI Section Y, Worksheets or comparable form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Additional Documentation

1. Please list any special home visit instructions, entry codes, and/or safety concerns related to conducting the home visit
2. Comments

Clinical Consultancy

- Examples of clinical consultancy:
 - Complaint reviews
 - Transitions/High needs
- Consist of one or many individuals
- UR will maintain flexibility with clinical consults as they are diverse in nature
 - Sampling
 - Methodology
 - Tools



Data Analysis

- Sampling could include:
 - Statistically valid sample, including stratification
 - Risk-based
- Methodology:
 - Desk reviews, MCO site visits, Home visits
- Review tools
- Data repository
- ACT framework → **Appropriateness
Conduct
Timeliness**



Referrals

- Referrals may be made as a result of utilization review activities
- Reasons for referrals may include:
 - Health and safety
 - Access to care
 - Identified trends
- Referrals may be sent to:
 - Health Plan Management
 - Other internal agencies/divisions
 - External agencies



What will STAR Kids reviews look like?

- LTSS UR will have similar functions for reviews for the STAR Kids managed care program
- Potential areas of focus or inclusion:
 - MDCP
 - Individuals receiving PCS/PDN through the MCO
 - Transition planning activities
 - CFC

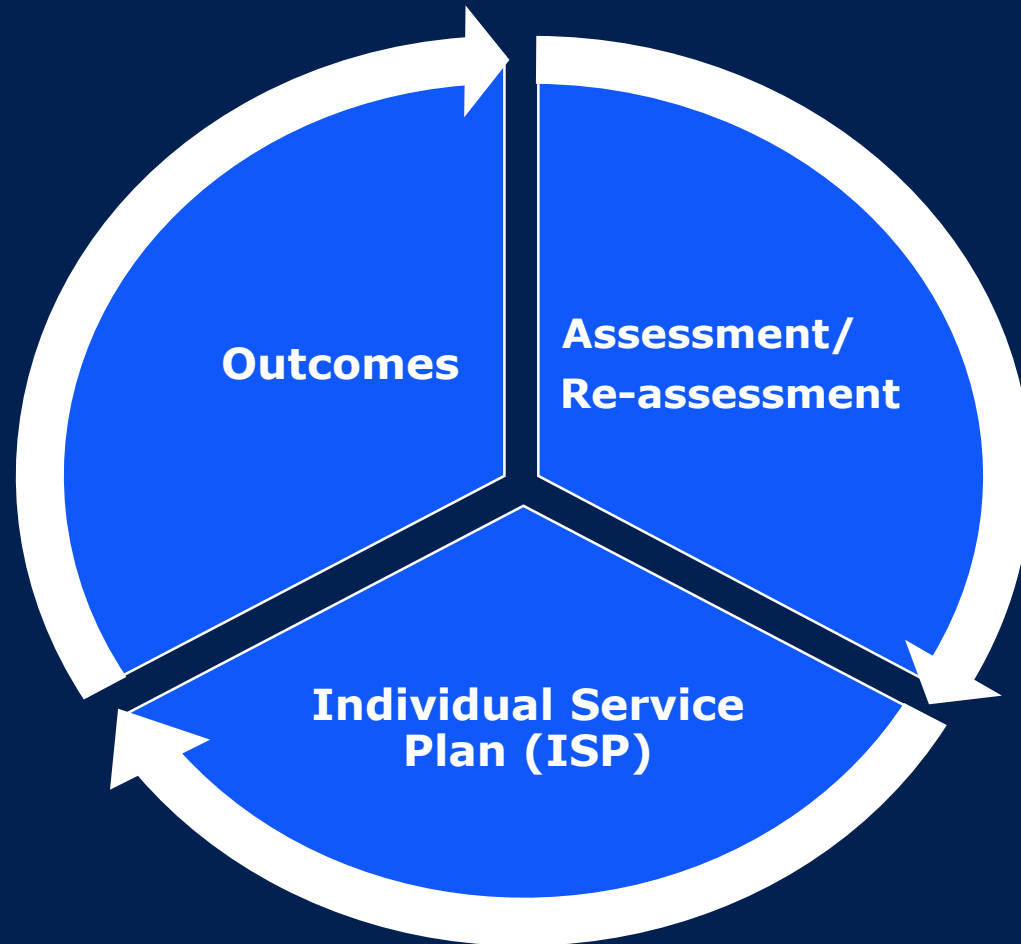


Utilization Review in STAR Kids

- LTSS Utilization Review will:
 - Review timeliness of assessment and reassessment according to contract requirements
 - Review the SK-SAI and other documentation to determine if inconsistencies exist
 - Review the ISP and related documentation to determine if ISPs reflect assessed needs
 - Identify any unmet needs of the members
 - Conduct a home visit to obtain a true picture of the member's overall situation



The Assessment-Driven Service Plan



The Assessment-Driven Service Plan must be supported by strong, consistent documentation.

Documentation

- Training prompts consistent use of documentation to identify unmet needs revealed by the assessment
- Provide a clear picture of the individual's condition, service plan, and outcomes
- Strong, consistent documentation across all staff levels supports an assessment-driven service plan
- Helps ensure positive STAR Kids member outcomes



SK-SAI

- Consists of four modules:
 - Core
 - PCAM
 - NCAM
 - MDCP module



Case Study: Sue Star

- Patient demographics:
 - Sex: Female
 - Age: 14 months
 - Height: 24 inches
 - Weight: 13 pounds



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Case Study: Sue Star (con't)

- Patient health summary:
 - Sue is a 14 month-old female:
 - History of 26 week preemie
 - Ventilator dependence with a tracheostomy
 - BPD
 - G-tube
 - Chronic respiratory failure
 - Tracheomalacia
 - Bronchomalacia.



Case Study (con't)

- Sue is dependent on her caregivers for all ADL's and skilled nursing tasks
- She is non verbal but does make some sounds
- Her mother has noted developmental delays in her development
- PT, OT and ST services have been requested
- Sue receives PDN and MDCP services.



Case Study (con't)

- Sue is 24/7 vent dependent with an uncuffed 3.5 Bivona trach
- She is O2 dependent; MD orders are to keep sats greater than 93%
- She failed CPAP trial with code event X2 with multiple periods of hypoxia while on CPAP



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Case Study (con't)

- Sue receives Enfacare formula 30cal/oz
- PO/GT X6 feeds
- She has had excessive vomiting and is a high aspiration risk
- She is on fluid restriction secondary to severe BPD
- She also has a history of poor weight gain.



Individual Service Plan (ISP)

The ISP is defined as: an individually customized document to address the health and wellness needs identified through the STAR Kids Assessment Process

- The purpose of the ISP is to articulate:
 - Assessment findings
 - Short and long-term goals
 - Service needs
 - Member preferences



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Individual Service Plan (ISP) (con't)

- The ISP must be used to communicate and help align expectations between:
 - The member
 - Their legally authorized representative
 - The MCO
 - Key service providers.
- The ISP may also be used by the MCO and HHSC to measure member outcomes over time.



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STAR Kids Contract ISP Requirements

- Each Member's ISP must be updated:
 - At least annually
 - Following a significant change in health condition that impacts service needs
 - Upon request from the member or the member's LAR
 - At the recommendation of the member's PCP
 - Following a change in life circumstance
 - Following the STAR Kids Screening and Assessment Process or re-assessment process



STAR Kids ISP Narrative Form



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Form 2603
November 2016-E

STAR Kids Individual Service Plan (ISP) Narrative

I. Member and Service Coordinator Information

1. Applicant/Member Name	2. Date of Birth	3. Medicaid No.	4. Social Security No.
Susan Star	12/12/2015	123456789	987-65-4321
5. Service Coordinator Name	6. Service Coordinator Area Code and Telephone No.		7. Service Coordinator Level
John Smith	XXX-XXX-XXXX		1
8. Medically Dependent Children Program (MDCP) ISP Start Date	9. MDCP ISP End Date	10. ISP Revision Date	
03/01/2017	02/28/2018		

II. Medical Information

Diagnoses and Conditions

Ventilator dependent, long term (current) use of systemic steroids, extremely low birth weight (500-749 grams), tracheostomy status, other secondary pulmonary HTN, chronic respiratory failure w/ hypoxia, bronchopulmonary dysplasia origin in the perinatal period, hypoxemia, stenosis of larynx, vomiting unspecified, atrial septal defect, dysphagia, adrenocortical insufficiency, code event on 08/25/16

Medications

TRIAMCINOLONE 0.025% CREAM TOP BID PRN, NYAMYC 100,000 UNITS/GM POWDER TOP PRN, ZOFTRAN 4 MG/5 ML ORAL SOLN 1.5 ML via ET TID PRN, LANSOPRAZOLE DR 15 MG CAPSULE 7.5 MG BID PRN, SENNA 8.8 MG/5 ML SYRUP 2.5 ML BID (PRN-marked once per day on SAI), ALBUTEROL SUL 2.5 MG/3 ML SOLN Q4H PRN, REVATIO 10 MG/ML ORAL SUSP 0.84 ML Q6H PRN, QVAR 80 MCG ORAL INHALER 2 PUFFS BID PRN, FUROSEMIDE 10 MG/ML SOLUTION 1.3 ML BID PRN, POTASSIUM CL 10% (20 MEQ/15 ML) 3.6 ML QID PRN, REGLAN 5 MG TABLET 1 ML QID PRN, SOLU-CORTEF 100 MG VIAL 0.5 ML IM (NOT GIVEN IN LAST MONTH), CORTEF 5 MG TABLET 0.75 PRN LESS THAN WEEKLY), SIMETHICONE 40 MG/0.6 ML 0.3 ML Q6H PRN, KCL at 3 mEq/kg PO QD, MVI with Fe PO QD. Vent settings LTV PC-SIV/PS, Rate 18, TI 0.7, PEEP 8 cwp, FIO2 30%. In line HME trial passed X8 hours (11/26-12/4/16).

Hospitalizations in Last 12 Months

Date	Reason	Plan to Prevent Readmission
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ISP Service Tracking

- Sue has been determined eligible to continue to receive Medically Dependent Children Program (MDCP) services
- Sue also receives PDN services 97 hours per week
- After evaluating Sue's needs and available third party resources, her mother (primary caregiver) and nurse determine that her needs are met with 14 hours per week of MDCP in-home respite services delivered by a LVN
- Sue's RUG value is SE3.



ISP Service Tracking (con't)

- Sue's mother:
 - Requests that MDCP services continue to be delivered by SK Pediatric Home Health
 - Declines the Consumer Directed Services (CDS) option.



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Completed Service Tracking Tool



Form 2604
November 2016-E

STAR Kids Individual Service Plan – Service Tracking Tool

1. Applicant/Member Name SUSAN STAR	2. Date of Birth (MM/DD/YYYY) 12/12/2015	3. Medicaid No. 123456789	4. Social Security No. 987654321
5. Enrolled in a Medicaid waiver? <input type="checkbox"/> If yes, which waiver?	6. ISP Dates Start: 3/1/2017 End: 2/28/2018	7. Type of Authorization <input checked="" type="checkbox"/> Initial (New) <input type="checkbox"/> Reassessment	8. County Dallas
9. Plan Code AOK			

STAR Kids Medically Dependent Children Program Services

10. CDS Option	11. Service Category	12. Estimated Annual Service Units	13. Unit Cost	14. Estimated Annual Cost
<input type="checkbox"/>	<input checked="" type="checkbox"/> Respite (in-home)	728	\$29.69	\$21,614.32
<input type="checkbox"/>	<input type="checkbox"/> Respite (out-of-home)		\$0.00	\$0.00
<input type="checkbox"/>	<input type="checkbox"/> Flexible Family Support Services		\$0.00	\$0.00
	<input type="checkbox"/> Adaptive Aids	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	\$0.00
	<input type="checkbox"/> Minor Home Modifications	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	\$0.00
	<input type="checkbox"/> Transition Assistance Services	DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE	\$0.00
<input type="checkbox"/>	<input type="checkbox"/> Financial Management Services (CDS only)	DO NOT WRITE IN THIS SPACE	\$0.00	\$0.00
<input type="checkbox"/>	<input type="checkbox"/> Employment Assistance		\$0.00	\$0.00
<input type="checkbox"/>	<input type="checkbox"/> Supported Employment		\$0.00	\$0.00
Total Estimated Waiver Costs				\$21,614.32

Service Coordinator John Smith	Annual Cost Limit \$42,174.00
Managed Care Organization Name Amazing MCO	

3/27/2017



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Questions

Nancy Toll, RN, BSN

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